

Case Number:	CM13-0060381		
Date Assigned:	07/02/2014	Date of Injury:	01/17/2011
Decision Date:	08/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male with a reported date of injury on 01/17/2011. The mechanism of injury was noted to be from a fall off a scaffold. His diagnoses were noted to include pain in limb, reflex sympathetic dystrophy of the lower limb, and chronic pain syndrome. His previous treatments were noted to include medications and physical therapy. The progress report dated 02/04/2014 revealed the injured worker had an electromyography/nerve conduction study, which revealed a right common peroneal nerve impingement. An unofficial MRI report of an unknown date revealed L2-3 with facet hypertrophic changes; L3-4 with facet hypertrophic changes with a 3 mm broad-based disc protrusion narrowing the central canal. L4-5 had a small, broad-based 5 mm central protrusion, slightly lateral left narrowing of the central canal, mild left and mild right neural foraminal narrowing. At L5-S1, facet hypertrophic changes, a 3 mm central paracentral disc protrusion contiguous with the left L5 nerve root without displacement. The left foramen was moderately narrowed; multilevel degenerative disc disease at L3-4, L4-5, and L5-S1. The provider indicated the injured worker did not seem to have any obvious issue from the back, and there was no evidence from radiculopathy. The provider indicated the electromyography performed 02/07/2012 was suggestive of an L5 radiculopathy, possible tarsal tunnel. The provider reported the injured worker had a prior history low back problems, which required a steroid epidural injection, and has had intermittent low back pain since that time. The injured worker has had polysensory motor neuropathy, accounting for the radicular findings and numbness and tingling in the bilateral feet. The progress note dated 03/20/2014 revealed the injured worker complained of right foot pain. The pain was described as severe intensity without treatment on a regular basis. The medications were listed as naproxen 250 mg tablets, and Norco 10/325 mg tablets. The physical examination revealed palpation of the lumbar region revealed prominent areas of tenderness in the region, concordant with the injured worker's description of

pain. The deep palpation resulted in distal radiation of the pain. Muscle strength was noticed to be reduced in the plantar flexor muscles. The deep tendon reflexes were noted to be grossly within normal limits, and sensation of the region revealed allodynia and hypersensitivity throughout the affected area. The provider reported the injured worker appeared to have CRPS in the left foot, as he had color changes and dystrophy. The Request for Authorization form dated 12/10/2013 was for continued use of buprenorphine 0.1 mg sublingual troches #30 for pain. The Request for Authorization form dated 11/26/2013 was for a right lumbar epidural steroid injection at L4-5 for radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prescription of Buprenorphine 0.1mg Sublingual Troches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Buprenorphine for chronic pain.

Decision rationale: The request for a prescription of buprenorphine 0.1 mg, sublingual troches, #30 is non-certified. The injured worker has been utilizing this medication since at least 09/2013. The Official Disability Guidelines recommend buprenorphine as an option for treatment of chronic pain in selected patients. The suggested populations include patients with a hyperalgesic component to pain; patients with centrally-mediated pain; patients with neuropathic pain; patients at high risk for non-adherence with standard opioid maintenance; for analgesia in patients who have previously been detoxified from other high dose opioids; for use for pain with formulations other than Butrans is off label. Due to the complexity of induction and treatment, the troche should be reserved for use by clinicians with experience. The guidelines also state there is the potential for buprenorphine to precipitate with withdrawal in opioid-experienced patients. There is a lack of documentation regarding evidence of significant pain relief, improved functional status, side effects, and it is unclear whether the injured worker has had a previous urine drug screen and if it was consistent with therapy. Additionally, the request failed to provide the frequency at which this medication is to be utilized. . Therefore, the request is non-certified.

1 Right Lumbar Epidural Steroid Injection At L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (Esis).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for 1 right lumbar epidural steroid injection at L4-5 is non-certified. The injured worker has had MRIs and electromyography test that give a diagnosis consistent with radiculopathy. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as a treatment for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for these epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected in 1 session. In the therapeutic phase, repeat blocks should be based on the continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, and a general recommendation of no more than 4 blocks per region per year. There is a lack of documentation regarding significant neurological deficits such as decreased motor strength with sensation in a specific dermatomal distribution. There is a lack of documentation regarding decreased muscle strength, decreased deep tendon reflexes, or a straight leg raise test being performed. Therefore, due to lack of clinical findings in regards to symptoms of radiculopathy, the epidural steroid injection is not warranted at this time. Therefore, the request is non-certified.